

## Request For Assistance/Privacy Release

Rev. 04/16/03

**Name**

**Address**

**City**

**State**

**Zip**

**Phone (H)**

**(Fax)**

**(W)**

**(Cell)**

*(Please complete where applicable)*

**Social Security Number**

**Date of Birth**

**VA Claim Number**

**Senior RX I.D. No.**

**Child Support Enforcement Claim Number**

**I hereby give Lieutenant Governor Maxwell or his representative authority to contact any agency on my behalf in the following matter And I authorize the lieutenant governor or his representative to use that information and the information that I provide to aid in the resolution of my concern and for no other purpose.**

***NATURE OF CONCERN:***

**Date:**

**Signature:**

**Please return this completed form and attached documents related to your concern to:**

**Lieutenant Governor Joe Maxwell  
State Capitol Building, Room 121  
Jefferson City, Missouri 65101  
Fax: 573-751-9422**